



FIRST AMERICAN TITLE CO. 46218

MANUFACTURED HOME APPLICATION 9508030119

RECORDER'S CLOCK: '95 AUG -3 P3:56
FILED AT THE REQUEST OF: NAME, ADDRESS

Please check one

- X TITLE ELIMINATION (Complete all but section 3, below)
TRANSFER IN LOCATION (Complete ALL sections below)
REMOVAL FROM REAL PROPERTY (Complete all but section 4, below)

1 MANUFACTURED HOME
TPO/PLATE NUMBER, YEAR 1979, MAKE FLTWD, WIDTH/LENGTH 52/24, VEHICLE IDENTIFICATION NUMBER (VIN) IDPL2B922041746

2 LAND
Attach a copy of the legal description of your land. It can be obtained from your County Assessor's office or it may be typed or printed on an Additional Attachment Form (TD-420-732).
Manufactured home will be X AFFIXED [] REMOVED
PROPERTY TAX PARCEL NUMBER 350628-3-001-0103

3 TITLE COMPANY CERTIFICATION
I certify that the legal description of the land and ownership is true and correct per the real property records.
NAME, TITLE COMPANY/PHONE NUMBER, SIGNATURE X, DATE
Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.

4 BUILDING PERMIT OFFICE CERTIFICATION
I certify that the manufactured home has been affixed to the real property as described, or a building permit has been issued for this purpose and the attachment will be inspected upon completion.
NAME, SIGNATURE/TITLE X Jody Ann Goodman, BLDG PERMIT OFFICE/PHONE # 336-9410, DATE 7/11/95

5 OWNER INFORMATION
Provide the Washington Driver's License or I.D. card number (PIC) for each owner:
REGISTERED OWNER: NAME OF FIRST OWNER BERGQUIST, JAMES F., NAME OF SECOND OWNER BERGQUIST, KAREN L., RUTH A. WYLIE, ADDRESS OF OWNER 1049 WARFIELD ROAD, CITY SEDRO WOOLLEY, STATE WA, ZIP CODE 98284
LIENHOLDER: NAME OF FIRST LEGAL OWNER INTERWEST SAVINGS BANK, its successors and/or assigns, MAILING ADDRESS OF FIRST LEGAL OWNER P.O. BOX 1649, CITY OAK HARBOR, STATE WA, ZIP CODE 98277
*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE REMOVAL FROM REAL PROPERTY X

Notary Public Seal: JAMES H. HURST, Notary Public, State of Washington, Commission Expires 12-31-95
WA DLR NO, DATE OF SALE, PURCHASE PRICE, DEALER NAME, TAX JURISDICTION/TAX RATE, DEALER'S AUTHORIZED SIGNATURE
USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)

6 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)
I certify that the above application appears to have been completed correctly, and the applicant has sufficient documentation to proceed with the recording of this form.
NAME T. Medved, SIGNATURE X T. Medved, OFFICE/VFS OPERATOR NUMBER 2901-11, DATE 8-3-95



MANUFACTURED HOME APPLICATION - ADDITIONAL ATTACHMENT
LEGAL DESCRIPTION OF LAND

This form is to be used when there is not sufficient room on TD-420-729, TD-420-730, or TD-420-731 to provide the legal description of the land. This form must be recorded with the Manufactured Home Form, and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

Check type of application: Title Elimination
 Removal From Real Property
 Transfer In Location

Land: Property Tax Parcel Number 350628-3-001-0103

Legal Description:

The land referred to in this report/policy is situated in the State of Washington, County of Skagit, and is described as follows:

PARCEL "A":

The Northwest 1/4 of the Southeast 1/4 of Section 28, Township 35 North, Range 6 East, W.M.

PARCEL "B":

The North 148 feet of that portion of the Northeast 1/4 of the Southwest 1/4 of Section 28, Township 35 North, Range 6 East, W.M., lying Easterly of road known as Warfield Road.

Recording Office of County In Which Real Property is Located
I certify that this form has been recorded in the county records.

NAME	SIGNATURE	COUNTY	DATE	RECORDING NUMBER
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9508030119

BK 1462 PG0596